

25. Describe any other barriers you must deal with in your job or while seeking a job?

Tell us about your disability

26. What do you consider to be your **PRIMARY** disability?

27. Which best describes how your **primary** disability occurred? *Mark only one*

At birth

☐

Suddenly

☐

Developed gradually

☐

Due to an accident

☐

Not sure

☐

28. Is your disability temporary ☐ or permanent ☐

29. How long have you had your disability? \_\_\_\_\_

30. In addition **to your primary disability**, have you been diagnosed with or experienced **any other** medical conditions, impairments, or disabilities? (Please specify)

31. Are you familiar with the any details of the following:

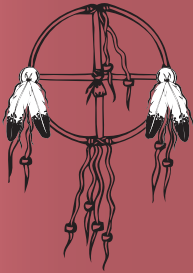
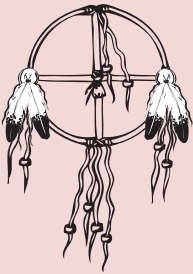
Name of Program or Legislation	Yes	No
Americans with Disabilities Act (ADA)		
Sections 503 and 504 of the Vocational Rehabilitation Act		
Individuals with Disabilities Education Act (IDEA)		
American Indian Vocational Rehabilitation Services (AIVRS )		

32. Community attitudes and cultural beliefs about disabilities differ substantially among tribes. How do you believe your disability is viewed in respect to the local tribal culture?

33. Please feel free to share your thoughts about completing this survey or address any other concerns you might have in respect to your employment or your disability.

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# American Indians with Disabilities in Montana

## Survey of Barriers to Employment

One out of five American Indians/Alaska Natives (AI/AN) has a disability. AI/AN people with disabilities are often underserved and neglected. Many AI/AN people who have a disability and live on an Indian reservation also experience obstacles to employment.

The Montana Department of Public Health and Human Services, through its Medicaid Infrastructure Grant, is conducting a very important survey of AI/AN people with disabilities throughout the seven Indian reservations in Montana. ***Your responses can help make a difference in three ways:*** 1) strengthen work incentive options for disabled AI/AN; 2) provide valuable information to help reduce barriers to employment; and 3) customize culturally-appropriate methods to address unmet needs for employment services and support.

The survey is voluntary and any information you provide will be kept confidential. If you choose to complete the survey, please respond honestly to each item that relates to you. Thank you.

Tell us about yourself

1. Are you:

Male

☐

Female

☐
2. What is your age?

\_\_\_\_\_
3. Are you an enrolled member of any tribe or native village?

Yes

☐

No

☐

If yes, which one?

\_\_\_\_\_
4. Do you speak or understand any Indian language?

Yes

☐

No

☐

If yes, which one?

\_\_\_\_\_
5. Which part of the reservation (community name) do you currently live?

\_\_\_\_\_
6. Are you a military veteran?

Yes

☐

No

☐
7. What the highest level of education you have completed?

Less than high school

☐

high school/GED

☐

vocational/technical training

☐

two-year college

☐

four-year college

☐

graduate school

☐
8. Do hold any special certification or licensure regarding work skills?

Yes

☐

No

☐

If yes, please describe:

\_\_\_\_\_
9. What is your marital status?

\_\_\_\_\_
10. How many people live in your home?

\_\_\_\_\_
11. Do you have any children under the age of 18 living in your home?

Yes

☐

No

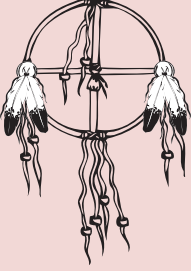
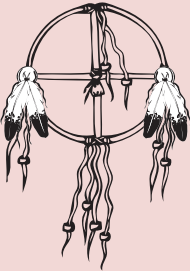
☐

Tell us about your employment and health benefits

12. Are you currently employed? Yes ☐ No ☐  
If yes, are you full-time? Yes ☐ No ☐ Self-employed? Yes ☐ No ☐  
If no, are you currently seeking employment? Yes ☐ No ☐
13. If you are **not** currently employed, are you: (please mark one)  
Retired ☐ Student ☐ Unable to work due to disability ☐
14. If you are currently employed, are the numbers of hours you work: (please mark one)  
Too much ☐ Just right ☐ Not enough ☐
15. If you are currently employed, how long have you worked at this job? \_\_\_\_\_
16. If you are currently employed, is the job site located on the reservation? Yes ☐ No ☐
17. What form of transportation do you use to get to work or seek work?  
Describe: \_\_\_\_\_
18. Does your disability interfere with your ability to work or to seek work?
19. What is your average amount of income per month from work or other sources?  
\_\_\_\_\_
20. What type of health care coverage do you have? \_\_\_\_\_
21. Which benefits or assistance do you currently receive (other than health care coverage)?  
List: \_\_\_\_\_
22. If you have Medicaid:  
Do you use a spend-down option? Yes ☐ No ☐  
Does Medicaid supplement other health insurance? Yes ☐ No ☐  
I do not have Medicaid ☐

Tell us about job support & services that are important to you

23. For each item below, mark their importance concerning your decision to **get a job** or to **stay at a job**.  
**How important is:**
- |   | Very Important           | Somewhat Important       | Somewhat Unimportant     | Not Important            | Does Not Apply           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Moral support from family and friends  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Adequate housing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Personal care assistant services at home   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Personal care assistant services at work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Reliable transportation from tribal programs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Employment opportunities on the reservation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Tribal programs & accommodations for disabled people   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Vocational rehabilitation services   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Work accommodations based on your disability ( <i>such as accessible work space, extra training or special equipment</i> ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Indian Health Service programs and services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



How important is ( <i>continued</i> ):	Very Important	Somewhat Important	Somewhat Unimportant	Not Important	Does Not Apply
k. Job coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Control over pace or scheduling of work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Ability to take time off for health-related reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Ability to take time off for culture-related reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Supportive employer and co-worker attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Accessibility to job site (including handicap parking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Assistive technology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Support from a mental health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Support from a substance abuse treatment provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Native people with disabilities being treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Working to earn an income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Working for the medical benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Working for human interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Working to build confidence and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Working to further a career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Flexible work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about your barriers to work

Situation	Yes	No
a. Lack of access to appropriate job training and employment opportunities		
b. Lack of childcare and after-school programs		
c. Difficulty with completing job applications or writing a resume’		
d. Difficulty with public transportation such as tribal program vans, CHRs, or ride schedules		
e. Ignorance in the work environment about appropriate and inappropriate behaviors towards native people with disabilities		
f. Being discouraged to work by family		
g. Visible signs of racism or discrimination in the work place		
h. Lack of cultural competence in the disability service professions, especially in rural areas		
i. Lack of culturally-appropriate outreach to ensure that disabled native people are aware of community services and resources that are available		
j. Lack of bilingual speakers, interpreters, and language-appropriate communications materials		
k. Lack of policies and procedures that recognize the special needs of disabled workers		
l. Lack of adequate supervision or feedback on job performance		
m. Lack of awareness and adequate knowledge of programs from tribal leaders to meet the needs of people with disabilities on the reservation		
n. Fear of tribal politics interfering with the job or job potential		
o. Fear of being isolated or given meaningless tasks at work		
p. Lack of career advancement or professional development incentives		
q. Unreasonable expectations or unfair treatment from co-workers in the work place		
r. Unreasonable expectations or unfair treatment from supervisors in the work place		
s. Ineffective practices regarding affirmative action or equal employment opportunity		
t. Concern for safety in the work place because of a person’s disability		
u. Fear that conditions of a disability may not be acknowledged by others		